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NORTHAMPTON
RURAL DISTRICT COUNCIL



ANNUAL REPORT
OF
The Medical Officer of Health
AND
The Chief Public Health Inspector
1970

JOAN M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H.

I

M.O.H.

NORTHAMPTON R.D.C. 1970

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To the Chairman and Members of the Rural District Council
of Northampton.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Chief Public Health Inspector.

The report is presented in four sections each dealing with an aspect of environmental control; the first on natural and social conditions; the second on the provisions of health and welfare services; the third on the environmental health services and the fourth on the control of infectious and other diseases. In addition, while increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The vital statistics for the year show that there were 267 deaths, 2 less than last year. This gives a crude rate of 11.6 (standardised rate 10.4) compared with the national figure of 11.7.

The total number of births was 359 (14 illegitimate) compared with 380 last year, and giving a crude rate of 15.6 (standardised rate 16.2). There were 8 infant deaths, 3 under one week of age. This gives an infant death rate of 22 which is above the national figure of 18.

During the year 298 private enterprise houses and 30 council properties were completed. Of these 30, 22 were old peoples' bungalows.

Sanitary circumstances were satisfactorily maintained throughout the year. Detailed design work proceeded on the Roade, Ashton and Hartwell, and the Hackleton, Piddington and Horton sewage disposal schemes. It is anticipated that work will begin early in 1971 on the Bugbrooke and Nether Heyford new sewage disposal works and on the improvements to the Harpole and Kislingbury disposal plant.

Refuse collection continued on a weekly basis throughout the district.

There was an increase in the incidence of infectious diseases, showing a rise of 171 cases. There were 326 cases compared with 155 last year. This rise was due mainly to an increase in measles notifications. Though measles vaccination became generally available, the withdrawal of some vaccine resulted in a shortage and fewer children were immunised than was anticipated. It is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage of children will be vaccinated. While at present the incidence

of infectious illness remains satisfactorily low, (apart from Measles) should succeeding generations of parents fail to respond to the need for immunisation, a recrudescence of infectious illness could occur. It remains vitally important therefore for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, and now measles, with tuberculosis vaccination following later. Towards the end of 1970 Rubella (German Measles) vaccination also became available to all girls between the ages of thirteen and fourteen.

Seven cases of food poisoning occurred during the year and are reported on more fully in Section D. Food borne infection generally continues to be too prevalent. While our inspectors are vigilant in their supervision of all the stages of food handling from storage to sale of both cooked and uncooked food, satisfactory food hygiene procedure is ultimately always dependent on the handlers whose responsibility is not always individually realised. I always state that good practice in food handling is always good business. Constant supervision by employers of their employees, particularly in restaurants is essential, and the public themselves should always be on the alert for careless practice and should refuse to accept unsatisfactory methods, not only in business premises but in their own homes.

While the environmental control of the health of the district is being satisfactorily maintained, and the health needs in respect of clinical services well covered, new problems are constantly arising in both fields. There is therefore a continuing need for vigilance and pressures are constant. Future requirements will undoubtedly require energy, talent and manpower for their solution.

In general, nationally, both health and local government fields were under review. A change of government in mid year required, inevitably, a deferral of the immediate plans proposed by the previous government. However the need for reform and change was agreed by both political parties and it can be expected that the National Health Service will be unified. In Local Government the small district councils will be merged to form larger units. During the interim period, which is a difficult one for all personnel in public health and local government, services must be maintained and expanded where necessary.

At such a time it is pertinent to review those matters which are most pressing in the field of prevention of ill health. Needs when defined, will have to be matched with available resources, and it will be necessary that priorities should be clearly assessed.

In the environmental field the intensive efforts of public health pioneers and civic authorities have given a secure basis of a sanitary environment and the availability of pure water, adequate disposal of refuse and sewage are taken for granted. It is vital that such services should continue to function smoothly. The present problem is less from man's pollution of his environment than from products innocently introduced for man's convenience of which detergents are one instance. Other chemical factors requiring control are drugs and the use of antibiotics in animal feeding. While on the other hand the omission of the controlled addition of minute quantities of fluoride to our water because of the pressure of a small group on local authorities has resulted in the failure to prevent dental caries in children. After five years of fluoridation Birmingham can now prove the efficacy and harmlessness of the procedure.

Another factor which overshadows the secure sanitary basis is the increase of population, which if not abated will produce another 20 million inhabitants, in this already congested island, by the end of the century. All these extra individuals will result in the need for more services of every kind, including medical services. Congestion, pollution and those other factors (less obvious but non-the-less hazardous to a stable society) such as noise, road accidents, mental illness, crime and delinquency could occur. It is known already that there are 250,000 unwanted children born annually in this country. An advanced society should have no unwanted children. To prevent these should be the first priority, and it is a task which is not yet being achieved.

Those other environmental factors, many of which could be contained, if we achieved a static population growth, will exercise the environmentalist of the future. These include the prevention of pollution of air, land, rivers and the sea.

The mass production of food will continue to require a monitoring that will inevitably increase; already factory farming methods, while producing more and cheaper food, present problems of quality and hygiene. Increasing foreign travel, and a mobile internal population resulting in more consumption of food in restaurants and canteens, together with the general use of deep freeze storage, involving increasing sale of food on a small scale at nearly all public houses, has added to the work of health departments, and the maintenance of satisfactory food handling procedures has become one of the major functions.

While this report is largely concerned with the environmental health of the area, health needs cannot be compartmentalized, and though the population may live in a satisfactory environment if personal habits are unsound then all our efforts are wasted. I consider therefore, that to complete my annual review it is necessary to assess the health of the district in its widest sense. It is ironic that, while every endeavour is made to create a sanitary environment, individuals are killing themselves,

voluntarily, with cigarettes. In fact today prevention of the greatest hazards to health - the cigarette, accidents (both in the home and on the road), and to a lesser degree, early arterial disease - rests with individuals. For many years I have enumerated those conditions which cause premature death and have suggested some remedies. My repetition must continue, as I stated last year the process of health education is, of necessity, a perpetual battering at the bastions of ignorance, apathy, self indulgence and complacency.

Once more there has been a national increase in the number of deaths from cancer of the lung, making a total of 30,218 (24,871 male and 5,347 female). In addition it is probable that, in all, at least 50,000 deaths occur a year in Great Britain which can be attributed to cigarette smoking. In fact premature deaths from smoking have now reached epidemic proportions and yet there appears to be little reaction from the public. An outcry would result should there be a few deaths from typhoid fever or smallpox, yet these deaths (and the holocaust on the roads) pass, continue to rise and there is no responding demand or pressure for their solution. Doctors appear to be the only group of individuals who have shown an awareness of this major danger and few doctors now smoke. Once again in Section A I lay emphasis on this subject.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular exercise and who are not obese. Evidence has been found that arterial damage can be present from an early age, and while generally young people are active while still at school this activity may lessen or cease when they leave: many start to smoke cigarettes early: food consumption is often in excess of need. It is possible that a situation may be building up in which the incidence of early arterial disease may greatly increase.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

In assessing future needs and priorities, while all those conditions which are preventable and cause premature death and disability must be of primary concern, there remain those afflictions for which, as yet, we have no solution, and those causing chronic disability. Of the former cancer remains still an enigma and the latter include the many forms of rheumatic and arthritic disease. The increasing survival of handicapped people, and the higher percentage of elderly in the community provide problems of care which must be planned in the long term.

Mental ill health, both in the form of psychotic illness and neuroses, shows no lessening despite the relief from stress which a welfare state should bring. The new problem, that of drug addiction was unanticipated. It would appear that the incidence is being contained, but constant vigilance will be required because of varieties and misuses of drugs. Other manifestations such as crime, delinquency, vandalism, child neglect and cruelty, divorce and failure to accept social obligations are showing no decline.

The attainment of a healthy community continues therefore to present many challenges, some of which can be forecast: others arise unanticipated. As a result the practice of preventive medicine continues to be as needful today as it was in the dark days of the nineteenth century.

I wish to thank Mr. Merriman the Chief Public Health Inspector and his staff for their good work throughout the year, and for their help in the compilation of this report.

I also thank the Chairman, Clerk and Members of the Council for their help and encouragement and accord the County Medical Officer of Health my thanks for his co-operation at all times.

I remain your obedient Servant,

JOAN H. ST. V. DAWKINS.

Medical Officer of Health.

The address of the Public Health Department is:--

Council Offices,
7 Cheyne Walk,
Northampton.
NN1 5PT.

Telephone: Northampton 31475.

NORTHAMPTON RURAL DISTRICT COUNCIL

PUBLIC HEALTH AND GENERAL PURPOSES COMMITTEE

Mr. T.G. Fincham, Chairman
Mr. F.G. Yorke, Vice-Chairman

Mr. C.J. Barrick, Mr. R.L. Collins, Commander R.J. Cooper,
Mr. C.T. Cripps, Mr. T.G. Fincham, Mr. J.M. Heygate, Mr. F.R. Hill
Mr. R. Hollowell, Mr. W.H. Rider, Mr. H.A. Robinson, Mr. A.L. Singlehurst,
Mr. H.R. Smith, Mrs. C.E. Spencer, Mr. H.W.D. Tucker, Mrs. J. Wheeler
and Mr. F.G. Yorke.
Mr. K.G. Tonge was a member ex officio.

HOUSING COMMITTEE

Mr. K.G. Tonge, Chairman
Mr. F.H. Curtis, Vice-Chairman

Mr. J.R. Adams, Mr. C.J. Barrick, Mr. R.L. Collins, Commander R.J. Cooper,
Mr. C.T. Cripps, Mr. F.H. Curtis, Mrs. J. Green, Mr. J.M. Heygate,
Mr. F.R. Hill, Mr. R. Hollowell, Mr. F.B. Pickard, Mr. W.H. Rider,
Mr. H.A. Robinson, Mr. D. Sladden, Mr. H.R. Smith, Mrs. C.E. Spencer,
Dr. M.A. Toseland, Mr. K.G. Tonge, Mr. H.W.D. Tucker, Mrs. J. Wheeler,
Mr. F.G. Yorke and one vacancy.
Mr. T.G. Fincham and Mr. A.L. Singlehurst were members ex officio.

PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health: Dr. Joan M. St. V. Dawkins,
M.B., B.S., D.P.H., D.C.H.

who also holds the appointment of

Medical Officer of Health to: Brackley Borough, Daventry Borough,
Urban District of Wellingborough and the Rural Districts of Brackley,
Brixworth, Daventry, Towcester and Wellingborough.
Senior Assistant Medical Officer Northamptonshire County Council.

Chief Public Health Inspector and M. Merriman, M.A.P.H.I., A.I.H.E.
Petroleum Officer:

Deputy Chief Public Health P.J. Flude, M.A.P.H.I.
Inspector:

Additional Public Health A.G. Kirkland, M.A.P.H.I. (to 30th
Inspector: September 1970)

Authorised Meat Inspector: K.P. Piercey.

Office Staff

Chief Clerk: R.S. Haynes

Outside Staff

Rodent Operative: J.O. Price

SUMMARY OF VITAL STATISTICS 1970

Area (acres)	45,934
Population (estimated at mid year 1970)	23,030
Number of inhabited houses (at 31st March, 1971) according to rate books.	7,717
Rateable Value (31st December, 1970)	£807,592
Product of 1d. rate 1970/1971 (actual)	£3326 1s 2d
Northamptonshire Area (1st April, 1970) approximate acreage	575,000

VITAL STATISTICS

Live Births 359. Live Birth Rate per 1,000 population	15.6
Still Births 4. Still Birth Rate per 1,000 live and still births	11.0
Total Live and Still births - 363	
Infant deaths - 8 Legitimate, no illegitimate.	
Infant Mortality Rate per 1,000 live births.	22.0
Infant Mortality Rate per 1,000 legitimate live births.	23.0
Infant Mortality Rate per 1,000 illegitimate live births.	-
Neo-Natal Mortality Rate per 1,000 live births.	8.0
Illegitimate Live Births per cent of total live births	3.9
Maternal Deaths (including abortion)	-
Maternal Mortality Rate per 1,000 live and still births	-

LIVE BIRTHS (rate per 1,000 total population) Rate for England and Wales

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
Legitimate	169	176	345		
Illegitimate	6	8	14		
	<u>175</u>	<u>184</u>	<u>359</u>	<u>15.6</u>	16.0

STILL BIRTHS (rate per 1,000 live and still births) Rate for England and Wales

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
Legitimate	2	2	4		
Illegitimate	-	-	-		
	<u>2</u>	<u>2</u>	<u>4</u>	<u>11.0</u>	13.0

DEATHS (per 1,000 total population) Rate for England and Wales

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	
All Causes	127	140	267	11.6	11.7

MATERNAL MORTALITY: Nil

DEATHS FROM INFECTIOUS DISEASES: Nil

INFANT MORTALITY: There were 8 deaths, 4 male and 4 female; 3 deaths occurred under 1 week of life. This gave a crude rate of 22.0 as compared with 21.0 the previous year.

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u>	<u>Rate for England and Wales</u>
Legitimate	4	4	8		
Illegitimate	-	-	-		
	<u>4</u>	<u>4</u>	<u>8</u>	<u>22.0</u>	18.0

VITAL STATISTICS FOR 1970 AND PREVIOUS YEARS

Year	Estimated Population of Northampton Rural District	Births		Deaths			
		No.	Rate	Under 1 Year		All Ages	
				No.	Rate	No.	Crude Rate
1951	Census 19,710	303	15.47	9	29.70	234	11.95
1952	19,970	302	15.12	9	29.00	187	9.61
1953	20,240	318	15.70	9	28.30	231	11.30
1954	20,890	329	15.30	6	18.30	274	13.10
1955	21,930	367	16.70	7	21.90	298	13.60
1956	23,290	435	18.60	8	18.30	293	12.40
1957	24,400	438	20.00	11	22.60	332	13.60
1958	25,270	514	20.30	15	29.10	296	11.70
1959	26,180	500	19.10	12	24.00	290	11.10
1960	26,560	476	17.90	12	25.20	314	11.80
1961	Census 27,420	555	20.20	6	10.80	340	12.40
1962	28,250	557	19.00	10	17.00	331	11.50
1963	29,540	556	18.80	9	25.60	352	11.90
1964	30,770	651	22.00	6	23.00	307	10.00
1965	* 19,150	419	18.50	3	7.30	304	13.10
1966	20,050	354	17.70	3	8.50	237	11.70
1967	20,730	356	17.20	10	28.00	219	10.60
1968	21,480	376	17.50	6	16.00	263	12.20
1969	+ 22,160	380	17.10	8	21.00	238	13.00
1970	23,030	359	15.60	8	22.00	267	11.60

NOTE: Population figures are the Registrar General's Mid-year estimate.

* Revision of boundaries under the Northampton Order, 1964 whereby Weston Favell, Duston and parts of Hardingstone and Billing parishes were lost to the District as from 1st April, 1965.

+ Revision of boundaries under the Northamptonshire and Northampton (Boundaries) Order, 1969, whereby part of Billing parish was lost to the District as from 1st April, 1969.

Causes of Death at Different Periods of Life During 1970 in the Rural District of Northampton

Cause of Death	Sex	Total all Ages	Under 4 Weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
B19(2) Malignant Neoplasms, Oesophagus	M F	1 1	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -	- -
B19(3) Malignant Neoplasms, Stomach	M F F	2 2 3	- - -	- - -	- - -	- - -	- - -	- - -	- - -	1 - -	- - -	1 - -	2 2 2
B19(4) Malignant Neoplasms, Intestine	M F F	5 6	- -	- -	- -	- -	- -	- -	- -	- -	1 1	2 -	2 5
B19(5) Malignant Neoplasms, Larynx	M F	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -
B19(6) Malignant Neoplasms, Lung, Bronchus	M F F	13 2	- -	- -	- -	- -	- -	- -	- -	2 -	4 -	6 1	1 1 1
B19(7) Malignant Neoplasms, Breast	M F F	- 5	- -	- -	- -	- -	- -	- -	- -	1 -	2 -	- -	2 -
B19(8) Malignant Neoplasms, Uterus	F	3	-	-	-	-	-	-	-	-	3	-	-
B19(9) Malignant Neoplasms, Prostate	M	4	-	-	-	-	-	-	-	-	1	-	3
B19(11) Other Malignant Neoplasms	M F F	7 7	- -	- -	- -	- -	1 -	- -	- -	1 -	3 2	1 3	1 2
B21 Diabetes Mellitus	M F M	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -
B46(1) Other Endocrine Etc. Diseases	M F F	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -
B23 Anaemias	M F M	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -
B46(3) Mental Disorders	M F M	5 -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	3 -	1 -
B46(5) Other Diseases of Nervous System	M F M	2 -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -
B26 Chronic Rheumatic Heart Disease	M F F	- 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	1 -
B27 Hypertensive Disease	M F M	1 3	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	- 3
B28 Ischaemic Heart Disease	M	34	-	-	-	-	-	-	1	5	5	11	12

B29 Other Forms of Heart Disease	II	2	-	-	-	-	-	-	-	1
B30 Cerebrovascular Disease	F	5	-	-	-	-	-	-	-	5
B46(6) Other Diseases of Circulatory System	W	11	-	-	-	-	-	-	-	5
B31 Influenza	F	16	-	-	-	-	-	-	-	10
B32 Pneumonia	W	11	-	-	-	-	-	-	-	7
B33(1) Bronchitis and Emphysema	F	9	-	-	-	-	-	-	-	7
B33(2) Asthma	W	1	-	-	-	-	-	-	-	2
B46(7) Other Diseases of Respiratory System	F	3	-	-	-	-	-	-	-	1
B34 Peptic Ulcer	W	8	-	-	-	-	-	-	-	2
B46(8) Other Diseases of Digestive System	F	20	-	-	-	-	-	-	-	14
B38 Nephritis and Nephrosis	W	3	-	-	-	-	-	-	-	2
B39 Hyperplasia of Prostate	F	1	-	-	-	-	-	-	-	1
B46(9) Other Diseases, Genito-Urinary System	W	1	-	-	-	-	-	-	-	1
B42 Congenital Anomalies	F	4	-	-	-	-	-	-	-	1
B43 Birth Injury, Difficult Labour, Etc.	W	1	-	-	-	-	-	-	-	1
B44 Other Causes of Perinatal Mortality	F	2	-	-	-	-	-	-	-	1
B45 Symptoms and Ill Defined Conditions	W	1	-	-	-	-	-	-	-	1
BE47 Motor Vehicle Accidents	F	1	-	-	-	-	-	-	-	1
BE48 All Other Accidents	W	6	-	-	-	-	-	-	-	1

NATURAL AND SOCIAL CONDITIONS

The District is largely rural, with some suburban area remaining the town of Northampton. The main industry is agriculture, and with exception of a large engineering works in Roade, consists of a number of smaller factories of various types including some in the leather trade.

There is a large abattoir and storage depot at Hardingstone. A caravan site and pleasure grounds are situated at Billing. There is considerable housing development in the district.

POPULATION

The Registrar General's figure of the estimated population at mid-1969 was 23,030 showing an increase on the figure of 1969 although this had increased by the end of the year with the completion of more new houses. The majority of persons occupying these new houses come from outside the District. The increase in population, i.e. excess of births over deaths was 92.

The number was 359 showing a decrease of 21 compared with the previous year and giving a standardised rate of 16.2 (calculated on the Registrar General's comparability factor 1.04) compared with 16.0 for England and Wales per 1,000 of the total population.

BIRTHS

The figure was 4 for the year, compared with 5 for 1969, and gives a rate of 11.0 per 1,000 live and still-births.

ESTIMATE BIRTHS

There were 14, an increase of 2 on the previous year.

INFANT MORTALITY

No death was recorded.

CHILD MORTALITY

The number of children under one year who died was 8, the same as for 1969. Three deaths occurred in the first week of life. This gives a rate of 18.0 per 1,000 live births and is above the national figure of 18.0.

The standardised rate is calculated from the Registrar General's comparability figure 0.90 which makes allowance for age and sex distribution.

of the population in different areas, and is specifically to take into account the presence of any residential institution in the area.

Statistics for the year show that there were 267 deaths compared with 38 for last year. This gives a standardised rate of 10.4 compared with the national figure of 11.7. Female deaths exceed male deaths by 13. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 119 while 7 died from other heart disease and a further 27 from vascular lesions of the nervous system, and 20 from other circulatory disease.

Diseases of the heart and circulation constitute almost one half the total deaths. Cancer remains again the second cause of death, taking this year 60 persons, an increase of 21 on last year. Fifteen died from cancer of the lung, six more than in 1969.

Out of a total of 267 deaths, 83 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer, respiratory infection or accidents.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1970, approximately 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)

*Smoking and Health by Professor C.M. Fletcher & Dr. D. Horn. W.H.O. Publication.

2. The exerting of the influence of health workers.
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure.)
3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1970 7,500 were killed on the roads as compared with 7383 in 1969.

Deaths from accidents in the home are also continuing at a rate which is far too high. Almost three quarters of the fatalities occur in elderly people or in children under 5 years of age.

In England and Wales during 1969 a total of 6,507 people died as a result of accidents in and around the home. This is 107 (or 1.6 per cent) fewer than in the previous year. Further analysis indicated that although 29 more people died in residential institutions, the number of deaths which occurred in private homes fell by 136.

Summary of accidents in 1969

Cause of Death	Private Homes	Residential Institutions	Total Deaths
Poisoning	813	13	826
Falls	2,873	1,019	3,892
Burns and Scalds	733	32	765
Suffocation and Choking	561	90	651
Others	335	38	373
TOTAL	5,315	1,192	6,507

Every year more people die from falls than from all other accidents in the home -- as many as 60 per cent of the fatalities in 1969 resulted from falls. Poisoning is the second major cause, accounting for 13 per cent of the total. About 12 per cent of the deaths were due to burns and scalds, while accidental suffocation and choking resulted in a further 10 per cent.

Cause, Age-group and Sex

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Poisoning	28	13	198	251	336	345	481	826
Falls	71	7	78	273	3,463	1,072	2,820	3,892
Burns and Scalds	133	37	56	129	410	288	477	765
Suffocation and Choking	428	21	57	62	83	413	238	651
Others	86	8	71	59	149	170	203	373
TOTAL	746	86	460	774	4,441	2,288	4,219	6,507
Death Rate*	18.2	1.2	2.4	6.5	71.0	9.6	16.8	13.3

*Deaths per 100,000 population.

Elderly people are by far the most frequent victims of fatal home accidents, and in 1969 more than two-thirds of the people who died in this way were aged 65 and over. Seventy-eight per cent of the deaths in this particular age-group were caused by falls. Children under five years old accounted for over 11 per cent of the total.

According to the data, about 65 per cent of the victims in 1969 were women or girls.

Compared with 1968, the number of people who died as a result of accidental falls in the home fell by 53 to 3,892.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Falls on stairs	13	-	37	114	482	263	383	646
Falls from ladders	-	1	7	10	16	27	7	34
Falls from buildings	16	4	17	14	39	60	30	90
Other falls from one level to another	32	1	5	29	316	111	272	383
Falls on same level	1	-	2	16	389	83	325	408
Other and unspecified falls	9	1	10	90	2,221	528	1,803	2,331
TOTAL	71	7	78	273	3,465	1,072	2,820	3,892

Women accounted for three-quarters of the deaths in the 65 and over age-group, but only 40 per cent of the fatalities among the younger age-groups.

Poisoning

There were 826 deaths from accidental poisoning in 1969, six per cent fewer than in the previous year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Barbiturates	3	-	73	135	65	107	169	276
Analgesics and anti-pyretics	2	1	14	6	3	17	9	26
Other sedatives	-	-	15	10	8	10	23	33
Nervous system and psychotherapeutic drugs	6	3	16	11	4	19	21	40
Other and unspecified drugs	6	1	12	20	8	11	36	47
Alcohol	-	-	5	7	1	9	4	13
Other solids and liquids	4	-	2	3	-	5	4	9
Total, solids and liquids	21	5	137	192	89	178	266	444
Piped gas	-	4	36	36	213	110	179	289
Motor vehicle exhaust and other carbon monoxide gases	7	4	22	22	34	53	36	89
Other gases and vapours	-	-	3	1	-	4	-	4
Total, gases and vapours	7	8	61	59	247	167	215	382
TOTAL	28	13	198	251	336	345	481	826

people who died from poisoning by ordinary domestic piped gas fell by 29 per cent, while there was an 18 per cent increase in deaths involving drugs and medicaments - from 358 to 422.

Burns and Scalds

Accidental burns and scalds resulted in 765 deaths during 1969, compared with 781 fatalities in 1968.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Burns by clothing	7	9	10	26	142	39	155	194
Burns from controlled fire	10	2	2	13	96	41	82	123
Conflagration	85	23	27	36	61	115	117	232
Other and unspecified burns	18	2	17	40	75	74	78	152
TOTAL, fire and flames	120	36	56	115	374	269	432	701
Hot substance, corrosive liquid and steam	13	1	-	14	36	19	45	64
TOTAL	133	37	56	129	410	288	477	765

Of the 194 deaths from clothing catching light, 37 were attributed to open fires, 34 to electric fires and 27 to matches and cigarettes, etc. The majority of the 194 victims were women aged 65 and over.

Suffocation and Choking

Accidental suffocation and choking caused 649 deaths in 1968 and 651 deaths in 1969. Babies and young children are particularly susceptible to accidents of this kind, accounting for two-thirds of the deaths every year.

Cause of Death	Age-Group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Inhalation and ingestion of food	234	6	28	52	74	227	167	394
Inhalation and ingestion of other objects	19	1	2	2	5	19	10	29
Suffocation in bed or cradle	154	1	3	1	-	105	54	159
Other and unspecified suffocation	21	13	24	7	4	62	7	69
TOTAL	428	21	57	62	83	413	238	651

Choking over food resulted in more than half the fatalities among the under-fives.

Other Causes

During 1969 there were an additional 373 deaths in England and Wales from miscellaneous accidents in and around the home.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Drowning and submersion*	27	3	20	15	17	31	51	82
Electric current/	8	-	28	11	11	35	23	58
Excessive cold	1	-	-	5	59	10	55	65
Hunger, thirst, exposure and neglect	16	-	3	9	16	18	26	44
Struck by falling object	14	3	3	5	7	24	8	32
Striking against or struck by object	5	-	1	2	11	9	10	19
Other and unspecified**	15	2	16	12	28	43	30	73
TOTAL	86	8	71	59	149	170	203	373

*Altogether 523 people were accidentally drowned during 1969. Although only 82 of these occurred at home, the majority of the remaining deaths were associated with everyday leisure activities.

/Excludes burns by heat from electrical appliances

**Includes cutting or piercing instruments (13 deaths), foreign body in orifice (12 deaths), explosive material (7 deaths) and firearms (7 deaths).

As many as 50 of the 65 people who died from excessive cold were women aged 65 or over.

GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES

Laboratory Service: The Public Health Laboratory Service operating at the General Hospital, Northampton, was available for the diagnosis and analysis of specimens relative to infectious disease, and also for the bacteriological examination of water samples, and was free of cost to the authority. A helpful and efficient service is provided, and we thank Dr. Hoyle for his constant co-operation.

Ambulance Service: Under the control of the County Council.

Nursing in the Home, Midwives and Health Visitor Service: These are provided directly by the County Council, who have their nurses living in various parishes in the district.

The Home Help Service: Also provided by the County Council, in operation in various parishes in the District. It is a very necessary service and affords considerable benefit to the community, both to domiciliary maternity cases, and in the case of old people who can remain comfortably at home, and whom, without this help, would be in institutions.

Child Welfare Clinics: A list of County Council Child Welfare Clinics held in this area is shown below:

Cogenhoe	2nd Monday of month
Yardley Hastings	3rd Monday of month
Harpole	4th Monday of month
Wootton	1st Tuesday of month
Hardingstone	4th Tuesday of month
Hackleton	3rd Thursday of month
Roade	4th Thursday of month
Kislingbury	4th Friday of month

The mobile clinic also visits Milton Malsor on the 2nd Wednesday afternoon of the month.

Transport facilities are provided by the County Council in various parishes of the district to attend clinics at a nearby centre.

Hospitals: All general, medical, surgical, orthopaedic, paediatric and maternity and gynaecological cases are treated at Northampton General Hospital. Orthopaedic cases are also received at the Manfield Hospital. Infectious diseases are treated at Harborough Road Hospital.

Tuberculosis and other chest diseases are sent to Creton or Rushden Hospitals. Geriatric cases are treated at either Pitsford, Creton or Danetre Hospital.

SECTION 2ENVIRONMENTAL HEALTH SERVICESSUMMARY OF INSPECTIONS AND VISITS MADE DURING
1970 BY THE PUBLIC HEALTH INSPECTORS

1.	<u>PUBLIC HEALTH ACT, 1936 & 1961</u>		
1A.	<u>Infectious Disease Enquiries</u>		38
1B.	<u>Disinfestations</u>		1
	<u>Drainage</u>		
1C.	Drains reported blocked		31
1D.	Other drainage visits		131
	<u>Water Samples submitted for analysis:-</u>		
1E.	<u>Chemical</u>		-
	<u>Bacteriological:</u>		
1F.	Mains		16
1G.	Springs		13
1H.	Swimming Pools		18
1J.	Water Supply visits		27
	<u>Visits for Inspection of:-</u>		
1K.	Tents, vans and sheds		3
1L.	Housing defects		12
1M.	Swimming Baths		9
1N.	Keeping animals		37
1O.	Accumulations of Refuse		13
1P.	Miscellaneous Nuisances		84
		TOTAL	<u>433</u>
2.	<u>HOUSING ACTS, 1957 and 1969</u>		
2A.	Houses inspected		22
2B.	Miscellaneous visits		<u>555</u>
		TOTAL	<u>577</u>
3.	<u>FOOD AND DRUGS ACT, 1955</u>		
3A.	Mobile Shops		3
3B.	Slaughterhouses for Meat Inspection		1,567
3C.	Knackers Yards		-
3D.	Food Premises		266
3E.	Other premises to which section 16 applies & other food visits		47
	<u>Bacteriological samples taken:-</u>		
3F.	Milk		4
3G.	Ice-Cream		12
3H.	Other Foods		11
		TOTAL	<u>1,910</u>
4.	<u>FACTORIES ACT, 1961</u>		
4A.	Factories with Power	TOTAL	4
5.	<u>OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963</u>	TOTAL	113
6.	<u>PREVENTION OF DAMAGE BY PESTS ACT, 1949</u>	TOTAL	127
7.	<u>CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960</u>	TOTAL	84
8.	<u>PETROLEUM (REGULATIONS) ACTS, 1928 and 1936</u>	TOTAL	94
9.	<u>MISCELLANEOUS ACTS, REGULATIONS AND ORDERS</u>	TOTAL	652
		GRAND TOTAL:	<u>3,994</u>

ENVIRONMENTAL HEALTH SERVICES

The foregoing summary of visits made by the Public Health Inspectors indicates the range of work to be covered.

In Section C of this report details are given of work carried out during the year in respect of the following groups of responsibilities. These are here listed in sequence as far as possible in accordance with their importance for the community, the volume of duties involved and the nature of the commitment.

Food Control

Meat Inspection

Housing

Caravans and Camping

Rodent Control

Offices and Factories

Public Health Responsibilities (various)

Petroleum Storage

Street Naming and Numbering

Protection of the Public by Food Hygiene

During the year regular visits to food premises of all kinds by the Public Health Inspectors helped to keep all these salesmen aware of the need for care and cleanliness in the movement of food products.

The actual handling of open food should be avoided at all costs. When such movement is necessary this must be done by the use of tongs, forks, spoons and greaseproof paper.

Good refrigerated storage provision is now generally available. Special care at all times is essential so that foods are not spoilt or wasted but stored correctly prior to sale. Good management should ensure the best co-operation in respect of all these matters and with the requirements of the Public Health Inspector. However with the lack of space in smaller shops and the multiplicity of types of goods for sale, overcrowding of passages and of access to amenities tends to occur frequently.

The members of the public using food premises are tending to have a greater awareness of the need for better standards of care in food handling, although they often require firm guidance by the shop management to ensure that the best conditions obtain.

Improvements and alterations to food premises continued in many instances during the year.

Mobile Food Shops

Mobile Food Shops of various types serve villages in the District with a wide range of products. Work has been carried out under the appropriate Regulations to try to ensure that a high standard of cleanliness and conduct is maintained in the course of these activities, carried out as they are under all types of weather conditions. In particular visits were made to a Stock Car Racing Circuit to interview occupiers of mobile food shops. Correspondence ensued and contact was subsequently maintained with the occupiers.

Registers are kept of all known mobile food shops, those based in the District and those plying from premises outside the area. Appropriate advice is given and action taken as necessary.

Twelve mobile food shops are based in the District, of these eight are butchers, three are grocers and one is a greengrocer.

There are twelve mobile food shops known to be operating from premises outside the District. In this group are two grocers, one greengrocer, one fruiterer, two ice cream salesmen, two butchers, one fishmonger, one hot dog salesman, one chicken and chips salesman and one caterer.

Food Complaints

Four instances of complaints about food were received in the year. Food involved were; tinned evaporated milk, beef steak and kidney pies, frozen chicken and a tin of corned beef. All were fully investigated and suitable follow up action was taken.

Food Premises

The number of premises in which food was prepared and sold consisted of the following:-

Bakehouses	1
Butchers	14
Cafes and Caterers	11
Factory Canteens	3
School Canteens	9
Institutional Canteens	1
Clubs	3
Confectioners	2
Fishmongers	1
Food warehouses	3
Greengrocers	1
Grocers	48
Ice-cream Sales points	45
Licensed premises	41
Number of food premises visited	128
Number of visits made to food premises	313
Number of food premises where contraventions were found	8
Number of informal notices served in respect of contraventions reported	8
Number of premises at which contraventions were reported as remedied	4

Ice-Cream

There were 45 premises registered for the retail storage and sale of ice-cream in the District.

Routine sampling of the products is carried out for bacteriological examination.

During the year 14 samples of ice-cream were submitted to the Public Health Laboratory for analysis. All the samples were reported to be Grade 1 except one.

In addition 9 samples were taken of water ice (fruit flavoured lolly), these were reported as being of satisfactory standard.

Slaughter of Animals Act, 1958

The number of licences in force during the year was 22.

Food Poisoning

There were 7 cases of food poisoning notified during the year, six of these were in one family.

Milk Pasteurisation at Crown Property

The Alfa Laval milk pasteurisation plant in use at St. Crispins Hospital Farm Dairy was operated smoothly during the year. A large refrigerated store is used for cold storage of cartons of milk prior to distribution to the hospital community.

Milk sampling routine was continued by the Department at the renewed request of the Department of Health and Social Security, following correspondence over the pasteurisation plant. Four samples of milk from the premises were taken during the year and submitted to the Public Health Laboratory for the Phosphatase Test. All were reported as satisfactory.

Milk Regulations

Under the Milk (Special Designations) Regulations, 1963 thirteen retailers of pasteurised milk are licenced in the District.

Regular milk sampling of untreated milk is carried out by the Weights and Measures department of the County Council, who have kindly agreed to co-operate with public health departments in the county. Results of any test which is not satisfactory are immediately reported and suitable action is taken. This service has been of great assistance, and our thanks for this helpful service are accorded to the Weights and Measures department. It is particularly useful in relation to Brucella infection.

MEAT INSPECTION

It is generally agreed that the standard and quality of food animals purchased for slaughter in the District is high, both at the large abattoir and at the five small slaughterhouses. In respect of the large abattoir the buyers of stock visit and cover a large number of markets over a radius of more than a hundred miles from this centre. Generally speaking the stock is transported under satisfactory conditions and is put into the various lairages for between twenty-four and forty-eight hours for resting prior to slaughter. The supply of water to the lairage is plentiful and the stock is well tended. The lairages are cleaned out as often as possible and fresh supplies of straw provided. When necessary isolation facilities can be made available for use.

The methods of slaughter and equipment in use are under the supervision of the Public Health Inspectors who, together with the Authorised Meat Inspector, carry out one hundred per cent inspection of the meat according to the requirements of the Meat Inspection Regulations. Carcasses passed as fit for food are stamped with the Council's official stamps.

The disposal of by-products and also of waste products is carefully controlled, contractors calling at regular intervals to remove them.

The regular and careful hosing down of wall and floor surfaces and of equipment, with warm water under pressure, is carried out as often as necessary. Considering the circumstances of the old and adapted buildings conditions can now be kept to a fair standard of cleanliness given good co-operation and frequent supervision. At these older premises maintenance work was carried out as required to ensure the continuity of good working arrangements and appreciation is expressed to the managements of these premises for their ready co-operation.

Early in the year, by arrangement with the Chief Public Health Inspector, the Veterinary Inspector of the Ministry of Agriculture, Fisheries and Food visited each licensed slaughterhouse and found conditions to be satisfactory.

After production the meat is conditioned for a limited time in the large pre-coolers at the Depot prior to transport to the shops according to requirements. A very large freezer hall accommodates frozen foods of many kinds, a number of types and varieties of these products are imported.

None of the meat which is produced at the large abattoir is in fact sold in the District but is sent to a chain of well over a hundred retail shops in a number of counties, and also to distant depots belonging to the firm. At present none of the meat produced at the abattoir is for export.

On three occasions during the year samples of meat were submitted for examination to the Veterinary Investigation Laboratory, Moulton of the Ministry of Agriculture, Fisheries and Food.

There are no premises in the District used specifically for the slaughter of poultry. A small amount of seasonal poultry slaughter is however carried out at butchers' premises.

The various Regulations governing the care of animals, food hygiene, storage and transport of food were maintained during the year. Standards of care and attention to food production are steadily improving.

The accompanying statistics show the comparative figures of throughput of animals at the slaughterhouses for the last ten years, meat and offal condemned, food surrendered and commentaries upon some of the diseases of animals encountered at these premises during 1970.

<u>Year</u>	<u>Annual Throughput</u>	<u>Percentage increase or decrease over previous year</u>
1961	63,803	30.1 increase
1962	66,308	3.5 increase
1963	61,905	6.6 decrease
1964	68,932	11.4 increase
1965	64,026	7.1 decrease
1966	61,936	3.3 decrease
1967	63,737	2.9 increase
1968	62,631	1.8 decrease
1969	57,229	8.6 decrease
1970	61,260	7.0 increase

Reasons for Complete Condemnations for
Year 1970

13 pigs	- Pyaemia
1 pig	- Gangrene (intestinal)
1 pig	- Septic Pleurisy
7 pigs	- Erysipelas
1 pig	- Moribund
1 pig	- Icterus
4 pigs	- Fevered
1 pig	- Lympho-Sarcoma
1 pig	- Enteritis
1 pig	- Uraemia
2 calves	- Pyaemia (umbilical)
2 lambs	- Moribund
1 lamb	- Arthritis
1 lamb	- Oedema
1 lamb	- Immaturity

CARCASSES INSPECTED AND CONDEMNED	CATTLE EXCLUDING COWS	COWS	CALVES	SHEEP AND LAMBS	PIGS
Number killed	7,558	45	501	25,550	27,656
Number <u>Not</u> inspected	-	-	-	-	-
<u>All diseases except Tuberculosis and Cysticerci</u>					
Whole carcasses condemned	-	-	2	5	31
Carcasses of which some part or organ was condemned	2,660	20	1	917	6,014
<u>Tuberculosis Only</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	195
<u>Cysticerci</u>					
Carcasses of which some part or organ was condemned	30	-	-	-	-
Carcasses submitted to refrigeration	3	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

UN SOUND FOOD SURRENDERED OR CONDEMNED

		Tons.	Cwts.	lbs.	Tons.	Cwts.	lbs.
<u>Meat</u>							
(a) slaughterhouses	(i) carcase	4	5	3	34	9	95
	meat						
	(ii) offal	30	4	92			
(b) wholesale	(i) carcase	-	1	25	-	4	70
premises	meat						
	(ii) offal	-	3	45			
(c) retail shops	(i) carcase	-	-	-	-	-	-
	meat						
	(ii) offal	-	-	-			
Canned Meats					-	1	13
Fruit and vegetables (fresh)					-	17	34
Frozen foods due to cabinet breakdown					-	7	99
Total					36	0	87

HOUSING

A survey of older properties was undertaken during the year, to ascertain their condition, and in those requiring improvement the owners were approached. In addition detailed house inspections were made by the Public Health Inspectors (despite staff shortage), and the necessary action instituted and advice given.

Due to the proximity of Northampton, and with the increasing opportunities for employment there, the demand for good standard housing accommodation is steadily rising in many parts of the District. The numbers of new owners interested in improving older houses is increasing and these people are supplied with information and advice about the improvement grants available.

In view of these circumstances the housing standard in the District is steadily improving, though there remain instances of people living in substandard housing and some in unfit houses. As a result the Chief Public Health Inspector prepared and circulated at regular intervals a list of families living in unfit houses from which urgent rehousing was strongly urged.

Effective liaison was carried out with other Departments and Agencies to assist, where possible, those with special needs and also problem families.

No applications for certificates of disrepair under the Rent Act, 1957 were received during the year.

Progress was achieved in reducing the existing register of unfit dwellings by demolition, closing order or upgrading. (See table on page 29)

It is generally considered that caravans as used for all the year round purposes afford only substandard accommodation and that their use is to be discouraged.

HOUSING ACT, 1957

A summary of action taken during the year is as follows:-

Number of houses made fit	4 (15)
Number of houses demolished	4 (11)
Number of houses closed	8 (2)
Number of houses on which proposals for reconstruction were accepted	3 (-)
Number of houses on which other proposals were accepted	1 (6)
Number of houses on which closing orders were made	3 (5)
Number of houses on which action was commenced	6 (7)
Number of houses on which demolition orders were made	5 (2)

1969 figures in brackets

CARAVANS AND CAMPING

Caravan and Camping Control

There is a considerable variation in size and character of these sites varying from single caravans to a larger pleasure park site having almost seven hundred licensed plots for the purpose.

The Public Health Inspectors visit the sites as necessary to ensure compliance with the requirements of the Act and the Council's Regulations for Camping Sites. Good co-operation on the whole is forthcoming but it is necessary to carry out a close supervision in order to ensure a high standard of conduct particularly during the busy holiday season.

One new site was approved during the year. Limited renewals of licence for single caravans numbered seven. The transfer of a licence for a residential site was approved. The conduct of the public in respect of caravans is gradually altering in various respects. The degree of use and numbers of people involved vary considerably.

Occupiers of caravan sites were from time to time given advice regarding effective fire precautions which are required under the Council's Regulations for Camping Sites.

A. Caravan Sites and Control of Development Act, 1960

PRIVATELY OWNED SITES

	<u>Residential</u>	<u>Holiday</u>
--	--------------------	----------------

1.	Number of site licences operating as at 31st December 1970	(a) Individual	13	-
		(b) Multiple (more than 3)	1	8
2.	Total number of caravans		27	779
3.	Number of prosecutions Section 1 (i.e. unauthorised sites)		-	-
4.	Number of contraventions Section 9 (i.e. breaches of licence conditions)		-	8
5.	Number of contraventions remedied		-	8

B. Tented Camping Sites

PRIVATE SITES

1.	Number of site licences as at 31st December 1970	3
2.	Number of tent pitches	200

Gypsies and Fellow Travellers

Problems concerning these itinerants continue in different parts of the District, particularly as it is in the line of a much used traditional route. The location and setting up of one or more special sites in the County has been under consideration but as yet no action has been taken. The provision of sites in this connection is much needed and would help to solve the problems of complaints concerning accumulations of litter and other matters.

RODENT CONTROL

In addition to the surveying of a variety of kinds of premises and to the preparation and laying of poisons of the appropriate type as occasion demands, good relations have to be preserved with members of the public upon whose premises much of the work is carried out. For many years the Council has maintained good relations with members of the public in this service and has received good co-operation from individuals in reporting infestations. This is so necessary in reducing the numbers of rats and mice as far as possible.

Nearly three hundred farms and small holdings are surveyed as often as practicable without a charge being made. Treatment on a rechargeable basis is undertaken following receipt of a written request. Many farmers prefer to arrange for rodent control measures themselves. Severe financial losses in both damage and contamination of food supplies can be sustained when rodent infestations continue unchecked.

Surveys and treatments of village sewerage systems were carried out during the year. The loan of the manhole cover lifter from Rushden Urban District Council is acknowledged with thanks. The Council's refuse tips and sewage purification plants were visited at intervals and treatments carried out as was necessary.

Publicity leaflets on rat and mouse control and circular letters were distributed to house holders and to the occupiers of business premises as occasion offered.

Poisons and bases in use for Rodent Control during the year were as follows:-

POISONS

Water Warfarin
Warfarin No.5
Zinc Phosphide
Coumatetralyl
Chlorophacinone
Alphachloralose

BASES

Medium Oatmeal
Sausage Rusk
Wholewheat

Throughout the year co-operation and liaison continued with other Local Authorities, notably Northampton County Borough, and with the Pests Division of the Ministry of Agriculture, Fisheries and Food in connection with the Northampton Periphery Rodent Control Scheme and also with continued Rat Campaign generally.

New techniques and systems were tried and further types of poisons were put into use and as a result it was shown in different ways that the overall effectiveness of rodent control in the District was improved. The Warfarin resistance of mice in different types of situations was proving to be a problem.

PROPERTIES OTHER THAN SEWERS	<u>Type of Property</u>	
	<u>Non</u> <u>Agricultural</u>	<u>Agricultural</u>
1. Number of properties in district	8442	311
2. (a) Total number of properties (including nearby premises) inspected following notification	248	8
(b) Number infested by (i) Rats	143	7
(ii) Mice	36	1
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	24	214
(b) Number infested by (i) Rats	18	19
(ii) Mice	14	8

Disinfestation: Wasps

In the event of requests for wasp nest destruction being received this difficult disinfestation service is undertaken upon payment of £1 in advance in each instance. Treatment varies according to the location of the nest. This service is very much appreciated. Inside infestations were dealt with by the use of Pubythrin in aerosol canisters. For certain outside infestations Cynag powder and carbontetrachloride were used.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Visits for the purposes of the Act were also made during the course of inspections of food premises. Accidents were reported during the year, but were few and of a minor nature.

No complaints were received in connection with offices during the year.

Administrative work and original visits to newly registered premises proceed as occasion demands.

Offices, Shops and Rialway Premises Act, 1963 - Year: 1970

Class of Premises	Registrations & General Inspections			Employment
	Number of premises registered during 1970	Number of registered premises at the end of 1970	Registered premises receiving a general inspection during 1970	Persons employed during 1970
Offices	-	21	2	189
Retail Shops	-	32	34	97
Wholesale Shops, Warehouses	-	3	1	75
Catering Establishments open to the public, canteens	-	9	5	168
Fuel Storage Depots	-	3	-	11
				17
Totals	Nil	68	42	557

Total Males 291
Total Females 266

Total number of visits of all kinds by Inspectors to Registered premises under the Act

- 113

No complaints were received during the year in respect of factories in the District. One outworker, residing in the District, was notified during the year.

Visits were made to the various types of factories in the District mainly in connection with visits for other reasons. In this way a general supervision was maintained although in numerous instances specific work was carried out for the purposes of the Act.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which sections 1,2,3,4 and 6 are to be enforced by Local Authorities	10	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	50	4	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	10	-	-	-
Total	70	4	-	-

WATER SUPPLIES

All parishes of the District have main water supplies under the control of the Mid-Northamptonshire Water Board. Water supplies are purified at Pitsford Reservoir but water is also taken from the River Nene.

The Compton Estates which formerly acted as agents for the Water Board in some of the eastern parishes of the District no longer perform this function. Mains are now controlled by the Board directly.

There are generally adequate supplies of pure and wholesome water available, treated by chlorination. The water is moderately hard in character, and apart from a minute trace of iron, metals are absent; it has no plumbo-solvent action. As yet no action has been taken to add fluoride to the water which contains a trace of natural fluoride (0.25 p.p.m.).

Thirteen samples were taken by the Public Health Inspectors from various properties which were not on the Main Board supply. Advice was given in various instances to ensure satisfactory conditions.

Throughout the year 16 samples of water were taken from main water supplies in various parishes, all proved to be satisfactory. There were no samples taken for chemical analysis.

SWIMMING POOLS

Roade Secondary School Pool

The amenities of this excellent indoor heated swimming pool are enjoyed by Roade Schools and other neighbouring schools in addition.

Colour comparator test readings were taken regularly by the Public Health Inspectors. During school terms four samples of water were taken for bacteriological examination and all proved to be satisfactory.

A large privately owned pool

Prior to opening for the season this open air pool was emptied and thoroughly cleaned before refilling. The co-operation of the management of this swimming pool is here acknowledged, as during better periods of summer weather very large numbers of visitors enjoy the bathing facilities.

During the season fourteen samples of water were taken for bacteriological analysis and all but two were reported as satisfactory.

Regular visits were made throughout the season to check the chlorination and soda line dosing arrangements there.

Advice was given to the management regarding the provision and maintenance of safe and healthy conditions for members of the public using the swimming pool.

ANIMAL BOARDING ESTABLISHMENTS

During the year seven premises were licensed and in use as animal boarding establishments for dogs and cats. There was a variation in the amount the premises were used, mostly corresponding with seasonal holidays. Some premises are very large others are on quite a small scale.

Routine visits were made by the Public Health Inspectors to the premises regularly and as occasion demanded. On the whole they were well kept. No complaints about these premises were received.

The establishments were also visited for rodent control purposes and advice was given regarding fire precautions to be taken.

A Code of Practice was circulated to all concerned as a guide for the conduct of such premises. This proved to be of considerable help to the proprietors in the day to day running of their establishments.

A new licence was granted during the year and two licences were granted for increased accommodation of cats.

A good standard of conditions is expected at kennels and catteries and the co-operation of proprietors has on the whole been good.

CLEAN AIR COMPLAINTS

Two complaints of smoke, grit and fumes from the burning of vehicles and of vehicle tyres were investigated by the Chief Public Health Inspector, one of these was in the proximity of a petroleum installation belonging to a firm of haulage contractors. A warning was given to the offenders and early action had to be taken to ensure that the petroleum installation was safeguarded.

The other offence, which included the burning of industrial waste and motor vehicles, had continued for some time and despite the sending of warning letters the situation was not rectified. Accordingly, following a report from the Chief Public Health Inspector to the appropriate Committee, an Abatement Notice was served.

INTENSIVE LIVESTOCK HUSBANDRY

Poultry Farming Complaints

During the month of October numerous complaints were received from residents in three Parishes of a smell of poultry manure. The very large quantity of manure from a poultry battery house had been stored for a long period and was then in the course of being moved via the road to the farmer's fields where it was ploughed into farming land.

Measures were taken by the Public Health Department in various ways, as the need arose, to minimise the cause for complaint as far as was possible. On the whole good co-operation was obtained from those involved despite a number of difficulties that were met with in the course of this large operation in the prevailing weather conditions.

Unless better solutions to these problems are found, rapid and careful transport of manure from store site to open farm land, and the speedy distribution and ploughing in by organised teams of well equipped contractors, would appear to provide the best solution.

PUBLIC HEALTH COMPLAINTS

During the year complaints were received and appropriate action taken in connection with the following:-

- Housing defects
- Drainage defects
- Refuse accumulations
- Septic tank defects
- Burning of vehicle tyres
- Smoke emissions
- Fly infestations
- Smells from poultry manure
- Unsatisfactory water supply.

Some of these resulted in correspondence and follow up action. In almost every instance these matters were cleared up satisfactorily by interviewing and informal negotiation with the parties concerned by the Public Health Inspectors.

During the year various related enquiries were made at the Public Health Department and advice and guidance, as appropriate, upon a range of additional topics, was given to those making them.

ENVIRONMENTAL HEALTH REPORT

In the spring a questionnaire on the whole range of duties and responsibilities was received from the Association of Public Health Inspectors. Replies were sent to aid in compiling the Annual Report upon Environmental Health, the only report of its kind available. Work for this purpose incidentally synchronised with the compiling of records for this Annual Report.

NOISE CONTROL

Public Health aspects in respect of proposed sites for the Third London Airport were studied and appropriate enquiries made in view of the possible involvement of the District in these schemes.

HEALTH EDUCATION

The Council is an institutional member of the Central Council for Health Education. During the year correspondence was carried on with the Council to obtain advice, publicity and guidance as necessary, and talks given to groups of people in the District.

SCRAP METAL DEALERS ACT, 1964

A register of scrap metal dealers is kept by this Department. Periodically a copy of the Register is supplied to the Chief Constable, Northampton and County Constabulary. During the year the premises of five scrap metal dealers were registered.

FIRE PRECAUTIONS, TALLER INSTITUTIONAL BUILDINGS

Work was carried out in respect of Section 60 of the Public Health Act, 1936 at two private boarding schools in the District, and advice given as appropriate. This followed the visit of the Chief Public Health Inspector with the Fire Prevention Officer to the premises.

Follow up visits to these premises are made from time to time.

PETROLEUM STORAGE

Every effort is made by the Petroleum Officer to see that Petroleum Storage Licensees care for their installations and premises in accordance with licensing conditions. Guidance by correspondence and on site is given, particularly in respect of safety precautions.

Much time and trouble was taken to follow up as far as possible very old tanks still in use and licensed and disused tanks (no longer licensed) to ensure that they were in the first case still safe for use, or in the second case otherwise safely disposed of or destroyed.

The ready co-operation and advice of the Chief Fire Officer, Northamptonshire, is acknowledged both in respect of fire appliances and in the checking of plans for new and altered petroleum installations.

Appropriate information and advice is obtained and given to the increasing number of owners of pleasure boating craft on the Canal and River Nene.

The Association of Petroleum Act Administration issues a journal of up to date information on the increasingly complex technicalities of the parts of the Petroleum Industry relevant to the Petroleum Officer and his responsibilities. Meetings and courses are arranged periodically and advice given upon request. Up to date information on technical development and administrative procedures is indispensable to the Petroleum Officer. The Association has been most helpful in giving guidance with specific enquiries.

Particular care was taken prior to the recommendation of licensing of new petroleum storage installations by the Council. Three new storage installations were licensed and storage capacity was increased at different premises during the year.

The number of premises in the District relicensed for petroleum storage was 71.

The storage capacity of licensed premises at the end of the year was:-

1.	Petroleum Spirit	121,305 gallons
2.	Petroleum Mixtures	3,855 gallons

Street Naming and Numbering

The naming of new streets is carried out to accommodate as far as possible the wishes of the people in the parish concerned. Individuality in the choice of a name is welcomed and local links are often maintained in this way. The advice of the Head Postmaster is appreciated in this work. The official naming is carried out in each case by the Council.

A register of street names in use in the District by Parishes has been compiled and additional copies distributed to other Departments. It can be consulted upon application at the office.

Street numbering of new properties on developing estates in particular is a service carried out as soon as practicable. Occasionally parts of streets have to be renumbered. This occurred in one instance during the year without any complaints being received.

The provision of name plates in certain cases is carried out by the Council. The co-operation of the Surveyor in arranging for the fixing of new name plates is acknowledged.

SECTION D

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968
Public Health (Infectious Diseases) Regulations
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Opthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

326 cases were notified, showing an increase on last year's figure of 171 cases. This was due to the increase in measles notifications.

MEASLES

The incidence of measles notification increased. There were 286 cases as compared with 135 in 1969. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension of vaccination in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. It is to be hoped that this will be the last measles epidemic.

RUBELLA

Rubella vaccination became available in November 1970 and this was offered to all girls in their fourteenth year of life, i.e. aged 13. A comprehensive campaign was launched by the County Health Department in the form of letters to general practitioners and parents informing them of the availability of the vaccine, and urging as many girls as possible to have the vaccination. It is hoped to lower the age limit to cover 12 year old girls as soon as further supplies of the vaccine are available.

WHOOPING COUGH

Nineteen cases were notified, showing an increase on last year's figure of one. This is another condition which is becoming largely more benign, but in some cases can be distressing, and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria.

SCARLET FEVER

The illness was, without exception, very mild and no serious complications resulted. There were six cases notified. Its principle interest is that it gives a rough indication of the amount of streptococcal infection in the community.

POLIOMYELITIS

Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or inhected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

SONNE DYSENTERY

No cases occurred.

FOOD POISONING

Seven cases were notified. Six cases of Salmonella Indiana occurred in one family who contracted the infection while on holiday. Two members of the family carried the infection for some months, and individual arrangements were necessary for the prevention of spread of infection. The medical officer of health of the suspected source of infection was informed and instituted a full investigation in his area. As the father of the family was a general medical practitioner excellent co-operation was maintained throughout this long period of infection.

The second case was in a male of 25 years who also contracted the infection outside the district. This was an isolated case of Salmonella Typhimurium and there were no further cases.

RESPIRATORY INFECTIONS AND INFLUENZA

Twenty-eight deaths were recorded this year from pneumonia, eleven from bronchitis and four from influenza, though at the end of 1969 and the beginning of 1970 there was a severe outbreak of influenza which placed a heavy burden on the health services, the major part being on the general practitioners. The care provided during the four weeks of the outbreak was exemplary and was evidence of the value of the general practitioner care of the community.

Other respiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

INFECTIVE JAUNDICE

There were seven cases recorded. Under the Health Services and Public Health Act, 1963 this disease became nationally notifiable in June, 1963.

Acute Infective Hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal oral spread, with an incubation period of 15-25 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days. It affects adults mainly and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses, and drug addicts, and in the various tattooing processes.

The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult may be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital provided adequate hand-washing techniques are practised with current disinfection of excreta. Serum hepatitis can be virtually abolished if disposable equipment were generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

TUBERCULOSIS

Vaccination is offered against tuberculosis by the County Council to all children at 13 years of age. This is carried out in the schools and there is a high acceptance rate.

There was one new case notified during the year in a female infant.

DIPHTHERIA

There has been no case of diphtheria in Northamptonshire since 1956. There is, therefore, with every successive year of freedom from infection a diminishing public recollection of the dangers of this disease. Mothers without knowledge of this illness feel a false security and may fail to have their children immunised. That this is a dangerous situation cannot be too strongly stressed, and only by keeping up the number of children immunised may this dread disease be kept at bay. It is the duty of all parents to have their children immunised and if they fail to do so they neglect their children's welfare.

SMALLPOX

It has recently been recommended by the Department of Health and Social Security that vaccination against smallpox need no longer be carried out as a routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.

It is however emphasised that all travellers to and from areas of the world where smallpox is endemic or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

Monthly Incidence of Notifiable Diseases, 1970

as Notified by General Practitioners

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Scarlet Fever	-	4	1	-	-	-	-	-	-	1	-	-	6
Whooping Cough	-	-	-	-	-	3	-	-	-	2	7	7	19
Measles	-	1	48	11	3	11	80	15	5	2	27	83	286
Tuberculosis	-	-	-	1	-	-	-	-	-	-	-	-	1
Infective Jaundice	1	-	2	3	-	1	-	-	-	-	-	-	7
Food Poisoning	-	-	-	-	-	-	1	1	5	-	-	-	7
TOTALS	1	5	51	15	3	15	81	16	10	5	34	90	326

Incidence of Notifiable Diseases in Individual Parishes - Year 1970

	Scarlet Fever	Whooping Cough	Acute Poliomyelitis Para.	Non Para.	Measles	Diphtheria	Dysentery	Meningococcal Infection	Smallpox	Food Poisoning	Tuberculosis Respiratory	Meninges	Other	Anthrax	Infective Jaundice
ASHTON	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-
BILLING	-	-	-	-	16	-	-	-	-	-	1	-	-	-	1
BRAFIELD	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
BUGBROOKE	-	1	-	-	79	-	-	-	-	-	-	-	-	-	-
CASTLE ASHBY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
COGHILL	1	-	-	-	3	-	-	-	-	1	-	-	-	-	-
COLLINGTON	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
COURTEENHILL	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
DENTON	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HACKLETON	-	-	-	-	24	-	-	-	-	-	-	-	-	-	1
HARDINGSTONE	-	-	-	-	5	-	-	-	-	-	-	-	-	-	4
HARPOLE	-	-	-	-	17	-	-	-	-	-	-	-	-	-	-
HARTWELL	-	3	-	-	57	-	-	-	-	-	-	-	-	-	-
HEYFORD, LOWER	-	-	-	-	31	-	-	-	-	-	-	-	-	-	-
HEYFORD, UPPER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HOUGHTON, GREAT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HOUGHTON, LITTLE	-	-	-	-	-	-	-	-	-	6	-	-	-	-	-
KISLINGBURY	-	-	-	-	20	-	-	-	-	-	-	-	-	-	1
MILTON MALSOR	4	-	-	-	4	-	-	-	-	-	-	-	-	-	-
QUINTON	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-
ROADE	1	12	-	-	7	-	-	-	-	-	-	-	-	-	-
ROTHERSTHORPE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UPTON	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-
WOOTTON	-	1	-	-	10	-	-	-	-	-	-	-	-	-	-
YARDLEY HASTINGS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS:	6	19	-	-	286	-	-	-	-	7	4	-	-	-	7

The Incidence of Notifiable Diseases 1970

Age Group	Scarlet Fever		Whooping Cough		Measles		Infective Jaundice	
	M	F	M	F	M	F	M	F
Under 1 year			2		8	4		
1 year					18	5		
2 "		1	5		11	16		
3 "				2	25	19		
4 "					23	26		
5-9 "	2	1	4	4	59	62		3
10-14 "		1	1		2	1	2	1
15-24 "		1			2	2		
25 and over					1		1	
Age unknown			1			2		
Totals	2	4	13	6	149	137	3	4
			Tuberculosis Respiratory		Food Poisoning			
			M	F	M	F		
Under 5 years				1	1			
5-14 "							2	
15-24 "						1	2	
25-44 "							1	
45-64 "								
65 and over								
Age unknown								
Totals				1	2		5	

